# VA/DD Claiming Requirements

*Hints:*

- *Clients in an MA Funded Facility are limited to 180 days for VA/DD-TCM, MH-TCM and RSC combined. The first paid claim's service date is the start of 180 days. This rule is not an edit in SSIS, MMIS enforces.*
- *VA/DD-TCM cannot be provided to a person in an institution unless it is for the purposes of transitioning/relocating from the institution to the community. Institutions are defined as hospitals, nursing facilities (including Certified Board and Care Facilities), and Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR).*

(Table 2-18 in Healthcare Claiming Requirements Spec.)

| **VA/DD-TCM Claiming** | |
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| Vulnerable Adult / Developmentally Disabled – Targeted Case Management (VA/DD-TCM) claiming is done for Time records meeting the criteria for eligible clients. | |
| **Inputs** | |
| **Eligible Staff Activity Time records** | |
| Services | • 592 Child (<21) Rule 185 case mgmt/non-waiver<br>• 593 Adult (21+) Rule 185 case mgmt/non-waiver<br>• 604 Adult Protection Assessment/Investigation<br>• 607 General Assessment<br>• 693 General Case Management |
| Activities | • 7 Client contact<br>• 8 Collateral contact |
| Contact Status | • 2 Completed |
| Contact Method | • 1 Face-to-face<br>• 2 Phone |
| **Supplemental Eligibility** | |
| Client must have a VA/DD-TCM Supplemental Eligibility record in effect on the Billable Contact Date. | |
| **MMIS Recipient Information** | |
| Client must be MA Eligible or MNCare Eligible on the Billable Contact Date as indicated by the following:<br>1. Major Program must be one of the following:<br>MA Eligible<br>• DM – Demonstration to Maintain Indep. & Employment (DMIE)<br>• EH – Federally-Paid Emergency Medicaid<br>▪ MA Federally Paid Medical Assistance<br>• MNCare Eligible<br>• LL – MinnesotaCare Citizen Kids/PWS.<br>2. Eligibility Status must be 'Active' or 'Closed.'<br>3. The Billable Contact Date is within the Eligibility Start Date and the Eligibility End Date. | |

| **VA/DD-TCM Claiming** | |
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| Client cannot be a Waiver/AC Recipient on the Billable Contact Date. | |
| **Client** | |
| Client's age must be >=18 on the Billable Contact Date. | |
| **Diagnosis Codes** | |
| A diagnosis code is not required. | |
| Screening Diagnosis Codes, then SSIS Diagnosis Codes are checked for a Billable Diagnosis Code. If one exists, it is included on the claim. | |
| **Additional Rules** | |
| Maximum of one VA/DD-TCM claim can be submitted for a given month per client. | |
| All eligible Time records in a month are linked to the claim. | |
| A separate claim is created for each VA/DD-TCM eligible client listed in the Regarding section of the Time record. | |
| For a month in which both Phone and Face-to-face contacts occur, the Face-to-face contact is claimed even though it may occur after the Phone contact.<br>A telephone claim is created for a month in which only Phone contacts occur.<br>A Face-to-face contact must occur at least once every three months. There can be no more than two consecutive monthly Phone claims. If a Face-to-face Claim does not exist in one of the previous two months, the Phone contact is not claimed. (This edit ignores Face-to-face Claims that are Denied or To be denied.)<br>The Contact Method of the first claimable contact must be Face-to-face. | |
| **Claim Record Outputs** | |
| HCPCS/Modifiers | If Contact Method = Face-to-face:<br>T2023 U1 VA/DD-TCM, face-to-face<br>If Contact Method = Phone:<br>T2023 U1 U4 VA/DD-TCM, telephone |
| Units | 1 |
| Amount | Staff-provided Rate for HCPCS/Modifiers |
| First Service Date | Billable Contact Date |
| Last Service Date | Billable Contact Date |
| Diagnosis Codes | Screening Diagnosis Code, SSIS Diagnosis Code, or blank |
| **Additional Program Requirements and Policy Information NOT included in SSIS processing** | |
| **Eligibility** | |
| Client must be in need of service coordination to attain or maintain living in an integrated community setting and must be a vulnerable adult in need of adult protection as defined in statute. | |
| Major program DM ends 09/30/09 because the funding was not extended per email from Margaret Wright on 04/22/09. | |
| **County Practice** | |
| Counties develop criteria for identifying who is in need of case management/service coordination and keep a copy of those criteria on file in case of appeal. | |

| **VA/DD-TCM Claiming** |
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| Counties can develop a tool to determine/document eligibility. A sample is attached to the Bulletin, which counties can change for local use as long as everything included in the Bulletin is a part of the edited document. |
| **Notes** |
| Claims for clients in an MA Funded Facility are limited to 180 days for VA/DD-TCM, MH-TCM and RSC-TCM combined. The beginning of the 180 days is the Service Date of the first paid claim for VA/DD-TCM, MH-TCM, or RSC-TCM. MMIS enforces this rule. |
| VA/DD-TCM may be provided concurrently with an investigation of maltreatment of a vulnerable adult. Documentation for both must be completed. |
| VA/DD-TCM cannot be provided to a person in an institution unless it is for the purposes of transitioning/relocating from the institution to the community. Institutions are defined as hospitals, nursing facilities (including Certified Boarding Care Facilities), and intermediate Care Facilities for Persons with Developmental Disability. |
| VA/DD TCM expenses are included as a part of a person's spend-down for MA eligibility. MMIS does this edit. |
| Contact during the month can be with the adult, the adult's legal representative, family member, or primary caregiver or other relevant person identified as necessary to the development/implementation of the service plan. |
| **References** |
| DHS Bulletin # 02-56-17, September 18, 2002, Targeted Case Management Implementation for Vulnerable Adults and Adults with Developmental Disabilities |
| MHCP Provider Update 166, October 22, 2003 |
| DSD Listserv Announcement April 16, 2006: "Billing for Relocation Service from an Eligible Institution" |